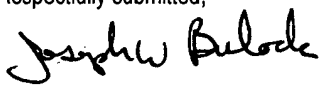



<b>PATENT APPLICATION TRANSMITTAL LETTER</b>	Attorney Docket No.: <span style="float: right;">A-817</span>																																																
To the Commissioner for Patents: In re the patent application of: <b>Huang et al.</b> For: <b>SUBSTITUTED ANTHRANILIC AMIDE DERIVATIVES AND METHODS OF USE</b>																																																	
Transmitted herewith are: <input checked="" type="checkbox"/> <u>184</u> pages of specification, <u>18</u> pages of claim(s) and <u>1</u> pages of abstract, totaling <u>203</u> pages. <input type="checkbox"/> _____ sheet(s) of drawings. <input checked="" type="checkbox"/> an unsigned declaration by the applicant(s). <input type="checkbox"/> _____ pages of sequence listing. <input type="checkbox"/> a certified copy of _____ <input checked="" type="checkbox"/> Assignee will be Amgen Inc.  <input type="checkbox"/> <b>Preliminarily, please amend the specification by inserting before the first line the following:</b> <div style="margin-left: 40px;">--This application claims the benefit of U.S. Provisional Application No. 60/395,144 filed July 9, 2002 which is hereby incorporated by reference.--</div>																																																	
<b>CLAIMS AS FILED</b>																																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">For</th> <th style="width: 10%;">Number Filed</th> <th style="width: 10%;"></th> <th style="width: 10%;">Number Extra</th> <th style="width: 10%;"></th> <th style="width: 10%;">Rate</th> <th style="width: 10%;"></th> <th style="width: 10%;">Fee</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">45</td> <td style="text-align: center;">- 20 =</td> <td style="text-align: center;">25</td> <td style="text-align: center;">x</td> <td style="text-align: right;">\$18.00</td> <td style="text-align: center;">=</td> <td style="text-align: right;">\$ 450.00</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">2</td> <td style="text-align: center;">- 3 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x</td> <td style="text-align: right;">\$84.00</td> <td style="text-align: center;">=</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Multiple Dependent Claims</td> <td style="text-align: center;">0</td> <td></td> <td></td> <td style="text-align: center;">+</td> <td style="text-align: right;">\$280.00</td> <td style="text-align: center;">=</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Basic Fee</td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">\$750.00</td> <td style="text-align: center;">=</td> <td style="text-align: right;">\$750.00</td> </tr> <tr> <td colspan="6" style="text-align: right;"><b>Total Filing Fee</b></td> <td></td> <td style="text-align: right;"><b>\$1,200.00</b></td> </tr> </tbody> </table>		For	Number Filed		Number Extra		Rate		Fee	Total Claims	45	- 20 =	25	x	\$18.00	=	\$ 450.00	Independent Claims	2	- 3 =	0	x	\$84.00	=	0.00	Multiple Dependent Claims	0			+	\$280.00	=	0.00	Basic Fee					\$750.00	=	\$750.00	<b>Total Filing Fee</b>							<b>\$1,200.00</b>
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<input checked="" type="checkbox"/> Please charge Deposit Account No. 01-0519, in the name of Amgen Inc., in the amount of <u>\$1,200.00</u> . An original and one copy are enclosed. <input checked="" type="checkbox"/> Throughout the prosecution of this application, if any extension of time is necessary, please consider this a request therefor. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional filing fees which may be required by the accompanying application, any additional fees which may be required during pendency of this application as required by 37 CFR 1.16 or 1.17, or credit any overpayment to Deposit Account No. 01-0519 throughout the prosecution of this application.																																																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">         Please send all future correspondence to:          U.S. Patent Operations/JWB          Dept. 4300, M/S 27-4-A          AMGEN INC.          One Amgen Center Drive          Thousand Oaks, California 91320-1799, USA       </div> <div style="width: 45%; text-align: right;">         Respectfully submitted,            Joseph W. Bulock          Attorney/Agent for Applicant(s)          Registration No.: 37,103          Phone: (805) 447-7966          Date: July 8, 2003       </div> </div> <div style="text-align: center; margin-top: 20px;">   <b>21069</b>          PATENT TRADEMARK OFFICE       </div>																																																	

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**EXPRESS MAIL CERTIFICATE**

"Express Mail" mail labeling number: EV351340085US
 Date of Deposit: July 8, 2003

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Lynne Buchsbaum  
 Signature

Lynne Buchsbaum  
 Signature